

# Press Release - Over 40,000 lives lost worldwide every year because Aspirin is underused

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## **OVER 40,000 LIVES LOST WORLDWIDE EVERY YEAR BECAUSE ASPIRIN IS UNDERUSED**

The 'humble' aspirin, which has been known for at least a decade to prevent heart attacks and strokes in thousands of people at high risk of cardiovascular disease, is still massively underused, according to new research published today (Fri Jan 11) in the British Medical Journal<sup>1</sup>.

Previous studies show that aspirin (and other antiplatelet drugs) could prevent around 100,000 premature deaths worldwide every year, including at least 7,000 per year in Britain alone<sup>2</sup>. As a result, aspirin is almost always prescribed to patients with an acute heart attack or unstable angina, and is widely used for long-term protection by people who have had a previous heart attack or stroke.

This new study funded by the British Heart Foundation ([BHF](#)) and the Medical Research Council ([MRC](#)) strengthens and extends the evidence that aspirin prevents heart attacks and strokes in a wide range of patients with high-risk conditions such as angina, peripheral arterial disease and diabetes.

But recent surveys in the US and the UK have shown that less than half of patients with high-risk conditions are prescribed aspirin. The researchers estimate that worldwide an extra 40,000 extra lives could be saved every year - with 3,000 lives saved in the UK alone - if everyone with a high-risk condition for whom aspirin was appropriate actually received it.

Dr Colin Baigent, MRC scientist who led the research, said; "This study shows that aspirin is beneficial in an even wider range of conditions than previously believed. What we now need is to ensure that aspirin, or some other antiplatelet drug, is routinely considered for patients who might need it."

This latest report from the [Antithrombotic Trialists' Collaboration](#) is the largest international overview of disease treatment ever reported \_involving over 200,000 patients in 300 clinical trials\_ and was coordinated by scientists from the [Clinical Trial Service Unit](#) at the [University of Oxford](#).

One of the main reasons for the under use of aspirin could be the lack of clear advice from some national guidelines on the effectiveness of aspirin for some groups of patients who are at increased risk of vascular disease but have not yet suffered a heart attack or stroke.

Dr Baigent adds: "Worryingly, surveys in the UK have shown that aspirin is currently prescribed to less than a quarter of people with diseases such as peripheral arterial disease - a condition which causes fatty deposits to build up in the leg's arteries and in which heart attack and strokes are common.

"We believe that aspirin may well have helped to protect these high risk patients but sadly many will die from their very first heart attack - by which time aspirin is too late."

The research team now hopes that this new report will help to dispel any remaining uncertainty among doctors and lead to an increase in the prescribing of this effective and inexpensive drug.

Medical Director of the British Heart Foundation, Professor Sir Charles George, said; "These findings reinforce what we have known for some time, that aspirin is a life-saving treatment that will provide major benefits to many thousands of people at high risk of heart attack or stroke. Aspirin is not an appropriate treatment for everyone but it is important that all those who might benefit are actually offered it."

The researchers warned that aspirin is only suitable for people who are at increased risk of a heart attack or stroke for some special reason, and people should always consult their doctor before taking aspirin regularly. It remains uncertain whether aspirin might occasionally be helpful in selected healthy people, and this is the subject of ongoing research.

### **Summary of major findings:**

- Aspirin and other antiplatelet drugs produced reductions of about one quarter in heart attack, stroke or death in an even wider range of high-risk people than previously reported <sup>1</sup>.
- Aspirin has now been shown to be beneficial for short-term treatment of people with an acute heart attack or stroke, or those having arterial surgery, and in long-term treatment of people with a history of such events or with peripheral arterial disease, stable angina or (if oral anticoagulants are unsuitable) atrial fibrillation.
- In some clinical circumstances, adding a second anti-platelet drug to aspirin seems to provide additional protection. Examples include the addition of clopidogrel or an intravenous glycoprotein IIb/IIIa receptor antagonist to aspirin in people having coronary arterial procedures such as angioplasty.
- For apparently healthy people who are for some reason at slightly increased risk, it remains unclear whether the benefits of aspirin treatment outweigh any risks. Research is continuing in order to answer this important question.

- ENDS -

**For more media information or to arrange a media interview with Dr Colin Baigent or Prof George, please contact The British Heart Foundation press office on 0207 487 7172 or 07764 290 381 (out of hours)**

### **References**

1. Antithrombotic Trialists' Collaboration. Collaborative meta-analysis of the randomised trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke among high risk patients. *BMJ* 2002; 324: 71-86
2. Antiplatelet Trialists' Collaboration. Collaborative overview of randomised trials of antiplatelet therapy. I: Prevention of death, myocardial infarction, and stroke by prolonged antiplatelet therapy in various categories of patient. *BMJ* 1994; 308: 81-106

## GLOSSARY

**Angina** – a transient discomfort in the chest due to inadequate blood supply to the heart muscle. Most commonly occurs on exercise or stress in a person with narrowing of the coronary arteries. Symptoms that can be controlled by regular medication are referred to as "stable angina". Severe episodes that cannot be controlled by normal anti-anginal therapy are described as "unstable angina" and may result in heart attack or death.

**Angioplasty** – a technique in which a narrowed artery is widened by inflating a balloon in the narrowed segment. The balloon is mounted at the end of a long tube (catheter) which is inserted through the skin (percutaneously) into an artery of the leg and from there advanced to the affected artery.

**Heart attack** (also known as coronary thrombosis or myocardial infarction) – an acute heart disorder in which the blood supply to part of the heart is cut off, usually by a clot lodging in an artery that is already narrowed. It usually causes severe chest pain, and there is a high risk of death.

**Peripheral arterial disease** – this condition is caused by a build up of fatty deposits in the arteries supplying the limbs, which may cause leg muscle pain (known as "claudication") that is analogous to angina resulting from reduced blood supply to the heart muscle. It is associated with a high risk of heart attacks and strokes because fatty deposits tend to develop in the heart and brain arteries at the same time they develop in the arteries supplying the legs.

**Stroke** – disorder of brain function resulting in paralysis of one side of the body which is due to obstruction of a blood vessel supplying the brain (in which case it is called an "occlusive" or "ischaemic" stroke) or to bleeding from such a blood vessel (called a "haemorrhagic stroke").

**Vascular** – pertaining to vessels, such as those to the heart (coronary), brain (cerebral) or limbs (peripheral)